

Fill in this information to identify the case:

Debtor name **Skinny IT Corp**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 4, 2019**

X /s/ Sam Darwish

Signature of individual signing on behalf of debtor

Sam Darwish

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Skinny IT Corp**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 706,096.91
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 706,096.91

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 3,373,641.08
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 62,234.43
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 12,847,275.87
4. Total liabilities Lines 2 + 3a + 3b	\$ 16,283,151.38

Fill in this information to identify the case:Debtor name **Skinny IT Corp**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **PlainsCapital Bank - Disbursements****3385****\$0.00**3.2. **PlainsCapital Bank - Lockbox****Checking****1402****\$0.00**3.3. **PlainsCapital Bank****Certificate of Deposit****6801****\$0.00**3.4. **PlainsCapital Bank - Concentration Account****Checking****9103****\$0.00**3.5. **CapitalOne Checking Account (Account is overdrawn due to prepetition garnishment of Florida Department of Revenue)****Checking - Operating****\$0.00****4. Other cash equivalents (Identify all)**4.1. **Customer Payment Checks (undeposited)****\$3,844.91**

Debtor **Skinny IT Corp** Case number (If known) _____
Name

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,844.91

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Landlord Security Deposit**

\$14,355.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$14,355.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	602,897.00	-	0.00	=	\$602,897.00
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$602,897.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

14. **Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: _____ % of ownership

15.1. Installation and Service Technologies, LLC,	100	%	\$0.00
a Georgia limited liability company			

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

Debtor **Skinny IT Corp** Case number (If known) _____
Name

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	Inventory - See Attached				
	Most Current Intentyory				
	Report		\$0.00		\$0.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	Office Furniture	\$50,000.00	N/A	\$50,000.00

Debtor **Skinny IT Corp** Case number (If known) _____
Name

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Office Equipment, Computers

\$0.00 N/A

\$35,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$85,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2017 Nissan NV200**

\$20,527.00

\$0.00

47.2. **2014 Nissan NV200 9647 (Saint Cloud, FL)**
2015 Nissan NV200 1822 (Weatherford, TX)
2015 Nissan NV200 0823 (San Bernardino, CA)
2015 Nissan NV200 5538 (Norman OK)
2015 Nissan NV200 2380 (Wagoner, OK)
2015 Nissan NV200 2380

\$145,000.00

\$0.00

47.3. **2018 Nissan 0443 (Gilbert AZ)**
2018 Nissan 9912 (Gardner KS)

\$46,000.00

\$0.00

47.4. **2018 Nissan 8507 (Mechanicsburg PA)**
2018 Nissan 6508 (Washington DC)
2018 Nissan 7653 (Pleasant Hill CA)
2018 Nissan 0894 (Inglewood CA)
2018 Nissan 9548 (Walnut CA)
2018 Nissan

\$115,000.00

\$0.00

47.5. **2018 Nissan 9548 (Walnut CA)**
2018 Nissan 9485 (Walnut CA)

\$46,000.00

\$0.00

Debtor **Skinny IT Corp** Case number (If known) _____
Name

48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels		
49.	Aircraft and accessories		
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)		
	Raymond Model Renewed Reach Truck	\$26,300.00	\$0.00
	Brocade ICX 7750 and ancillary Equipment/Licenses	\$0.00	\$0.00

51. **Total of Part 8.** **\$0.00**
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. "Skinny IT" Trademark Serial No. 86402957 filed 9/23/14		Unknown		\$0.00

56. **Total of Part 9.** **\$0.00**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No

Debtor **Skinny IT Corp** Case number (If known) _____
Name

☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Trade Name Business Name (possibly Trademarked)	\$0.00		\$0.00
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties White Owl Software Licenses	\$212,246.26		\$0.00
63.	Customer lists, mailing lists, or other compilations Customer List	Unknown		\$0.00

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Debtor **Skinny IT Corp** Case number (If known) _____
Name

Description (for example, federal, state, local)

2017 NOL: \$ _____

2018 NOL: \$ _____ (not yet filed)

Tax year _____ **\$0.00**

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Causes of Action other than Accounts Receivable

\$0.00

Nature of claim

Amount requested **\$0.00**

Lawsuit against Video Mining Corporation for \$100,000 in unpaid receivable

\$0.00

Nature of claim

Amount requested **\$100,000.00**

Cause of Action against Jacob Horwitz/ZUTEK for infringement of IST intellectual property (trademarks, trade names, etc) and breach of noncompete agreement

Unknown

Nature of claim

Amount requested **\$0.00**

Unreturned Business Equipment/Computers held by employees

See Schedule 74 attached

\$0.00

Nature of claim

Amount requested **\$20,000.00**

Cause of Action against prior employee for conversion of website data by Jason Zutterling (only has value if company desires to purchase IT)

Unknown

Nature of claim

Amount requested **\$0.00**

Cause of Action against Rajesh Padole for breach of noncompete

Unknown

Nature of claim

Amount requested **\$1,000,000.00**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

Debtor **Skinny IT Corp** Case number (If known) _____
Name

☐ Yes

Debtor **Skinny IT Corp** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$3,844.91	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$14,355.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$602,897.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$85,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$706,096.91	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$706,096.91

Fill in this information to identify the case:

Debtor name **Skinny IT Corp**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Brocade Communications Systems, Inc. Creditor's Name PO Box 41602 Philadelphia, PA 19101-1602 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 7003 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Brocade ICX 7750 and ancillary Equipment/Licenses Describe the lien Purchase Money Security UCC 17-0032814329 filed 9-25-17 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$36,141.34	\$0.00

2.2	De Lage Landen Finacial Services, Inc. Creditor's Name 1111 Old Eagle School Road Wayne, PA 19087 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 1013	Describe debtor's property that is subject to a lien All Assets Describe the lien UCC 16-0028422257 filed 8/30/16 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$134,104.37	\$0.00
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Debtor **Skinny IT Corp**

Name

Case number (if know)

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Malin**

Creditor's Name

**15870 Midway Rd
Addison, TX 75001**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****797A****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****Raymond Model Renewed Reach Truck****\$26,300.00****\$0.00****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.4 Nissan Motor Acceptance Corporation**

Creditor's Name

**8900 Freeport Parkway
Irving, TX 75063-2438**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**12/7/17****Last 4 digits of account number****0001****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****All Nissan Vehicles (repossessed)
Claim amount/deficiency unknown****\$20,527.00****\$0.00****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.5 PlainsCapital Bank**

Creditor's Name

**POB 93600
Lubbock, TX 79493-3600**

Creditor's mailing address

Describe debtor's property that is subject to a lien**All personal Property****\$2,166,263.99****\$0.00****Describe the lien****UCC 17-0042285180 filed 12-18-17**

Debtor **Skinny IT Corp**
Name

Case number (if know)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
0102

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.6 **PlainsCapital Bank**

Creditor's Name

**POB 93600
Lubbock, TX 79493-3600**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
2101

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$990,304.38

\$0.00

All personal property

Describe the lien

UCC 17-0042285180 filed 12-18-17

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.7 **Raymond Leasing Corporation**

Creditor's Name

**POB 130
Greene, NY 13778**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Equipment Master Lease Schedule 33845

Describe the lien

UCC 17-0038264021 filed 11/13/17

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor **Skinny IT Corp**
Name

Case number (if know)

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,373,641.0
8

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

LSQ Funding Group, LC
POB 404322
Atlanta, GA 30384-4322

Line ____

Fornida, LLC

Plainscapital Bank
One Cowboys Way, Suite 250
Frisco, TX 75034

Line **2.6**

Scheef & Stone
500 N. Akard, Suite 2700
Dallas, TX 75201

Line **2.5**

Scheef & Stone
500 N. Akard, Suite 2700
Dallas, TX 75201

Line **2.6**

Fill in this information to identify the case:

Debtor name **Skinny IT Corp**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address IRS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$286.81	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address State Of Arkansas 1515 W 7th Street Little Rock, AR 72201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$42.34	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor	Skinny IT Corp Name	Case number (if known)
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2.3	Priority creditor's name and mailing address State of California 450 N ST Sacramento, CA 95814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$46,767.36	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address State of Florida 4425 W Airport Fwy # 575 Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,847.41	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address State of Iowa 1305 E Walnut St Fourth Floor 0107 Des Moines, IA 50319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$35.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address State of Kentucky 501 High St Frankfurt, KY 40601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,688.84	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Skinny IT Corp Name	Case number (if known)
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2.7	Priority creditor's name and mailing address State of Nebraska 1313 Farnam St #10 Omaha, Nebraska 68102-0000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9.52	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address State of North Dakota 600 East Boulevard Avenue dept127 Bismark, ND 58505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8.48	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address State Of NY Harriman Campus Rd Albany, NY 12226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$472.50	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address State of Ohio 4485 Northland Ridge Blvd Columbus, OH 43224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,076.17	\$0.00
	Date or dates debt was incurred	Basis for the claim: Trade Vendor Claim		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Skinny IT Corp	Case number (if known)	
	Name		
3.1	Nonpriority creditor's name and mailing address 2584479 ONTARIO INC. 236 McDougal Crossing Milton, ON L9T 0P3 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,333.44
3.2	Nonpriority creditor's name and mailing address ABC Pest Control 997 Grandy's Lane Lewisville, TX 75077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259.31
3.3	Nonpriority creditor's name and mailing address Accu-Tech 11350 Old Roswell RD Ste 100 Alpharetta, GA 30009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.37
3.4	Nonpriority creditor's name and mailing address ADAM STANFORD 6714 S FAUL STREET TAMPA, FL 33616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.98
3.5	Nonpriority creditor's name and mailing address ADI, Inc. 25429 Network Place Chicago, IL 60673-1254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,271.37
3.6	Nonpriority creditor's name and mailing address ADP INC 1851 N Resler Drive MS-100 El Paso, TX 79912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,840.37
3.7	Nonpriority creditor's name and mailing address Ahern Rentals PO Box 271390 Las Vegas, NV 89127-1390 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,559.27

Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address ALEX SARDUY 13978 SW 260TH ST APT #104 MIAMI, FL 33032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$940.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address All Valley Electric PO Box 1313 Sunnyside, WA 98944 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,174.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address Amazon PO Box 81226 Seattle, WA 98108-1226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,298.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address AMAZON BUSINESS PO Box 035184 Seattle, WA 98124-5184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,193.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address American Express PO BOX 650448 Dallas, TX 75265-0448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405,015.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address American Express Corporate Card PO BOX 650448 Dallas, TX 75265-0448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$513,763.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> <u>New York Judgment for amount claimed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address ANAGO 1401 N CENTRAL EXPRESSWAY Richardson, TX 75080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,394.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Skinny IT Corp		Case number (if known) _____	
Name _____			
3.15	Nonpriority creditor's name and mailing address Andres Martinez Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$780.00</u>
3.16	Nonpriority creditor's name and mailing address Anixter PO Box 847428 Dallas, TX 75201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$624.45</u>
3.17	Nonpriority creditor's name and mailing address Arrow Electronics, Inc. PO Box 951597 Dallas, TX 75395-1597 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim per Final Judgment dated 1/17/19</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,699,600.00</u>
3.18	Nonpriority creditor's name and mailing address ARTURO RODRIGUEZ 13215 16TH ST CHINO, CA 91710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$368.44</u>
3.19	Nonpriority creditor's name and mailing address ASSURED ELECTRIC LLC 7138 Marley Lane S Salerm, OR 97306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,150.00</u>
3.20	Nonpriority creditor's name and mailing address AT&T Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$166.79</u>
3.21	Nonpriority creditor's name and mailing address Avalara 1100 2nd Ave., Suite 300 Seattle, WA 98101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$459.00</u>

Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.22	Nonpriority creditor's name and mailing address AVT Technology Solutions LLC 29160 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$841,808.44</u>
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3.23	Nonpriority creditor's name and mailing address B&H Photo - Video 420 Ninth Avenue New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,314.35</u>
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3.24	Nonpriority creditor's name and mailing address Basinger Leggett Clemons Bowling Shore C Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,051.00</u>
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3.25	Nonpriority creditor's name and mailing address Bestbuy Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$160.60</u>
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3.26	Nonpriority creditor's name and mailing address BigRentz.com 1063 McGaw Avenue, Ste 200 Irvine, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,261.29</u>
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3.27	Nonpriority creditor's name and mailing address BN Cables 11399 Frederick Avenue Suite A Beltsville, MD 20705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$311.97</u>
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3.28	Nonpriority creditor's name and mailing address Brad Gallien 3602 Brook Spring Dr. Grove City, OH 43123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$574.20</u>
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Debtor	Skinny IT Corp <small>Name</small>	Case number (if known)
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3.29	Nonpriority creditor's name and mailing address BRIAN RACER 1038 FALCON CREST DR LAWRENCEVILLE, GA 30043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$923.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Brian Watts 10007 Whiteoak Park Louisville, KY 40219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$703.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address BRIAN WELLINGTON 2004 E SADDLEBROOK RD GILBERT, AZ 85298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Bryan Cave Leighton Paisner LLP One Metropolitan Square 211 North Broadway, Ste 3600 St. Louis, MO 63102-2750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$113,160.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawfirm Claim for representation in Horwitz case</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Bryce David Strawn Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$795.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Budget Rent a Car System, Inc. 14297 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,965.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address C.L. DEWS & SONS FOUNDRY & MACHINERY CO. 1600 EDWARDS ST. - P.O. BOX 1647 HATTIESBURG, MS 39403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.36	Nonpriority creditor's name and mailing address CablesAndKits Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.81
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3.37	Nonpriority creditor's name and mailing address CAPITAL CFO PARTNERS LLC 13155 Noel Road, Suite 900 Dallas, TX 75240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,000.00
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3.38	Nonpriority creditor's name and mailing address CARLOS FERNANDEZ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.96
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3.39	Nonpriority creditor's name and mailing address CARTISIEN INTERACTIVE 9440 Weathersfield Dr Bristow, VA 20136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.40	Nonpriority creditor's name and mailing address Chad Atchley Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,662.56
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3.41	Nonpriority creditor's name and mailing address Chase Ink Credit Card PO BOX 6294 CARDMEMBER SERVICE CAROL STREAM, IL 60197-6294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,229.65
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3.42	Nonpriority creditor's name and mailing address CHRIS CICHETTI 19 HAWTHORNE WOODS DEPTFORD, NJ 08096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,335.27
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.43	Nonpriority creditor's name and mailing address CHRIS FISHER 408 BOXHALL RD TOLEDO, OH 43612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$449.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address CHRIS STORER 8900 PONDEROSA AVE BAKERSFIELD, CA 93306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$87.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address Christopher J Musso Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$472.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address Christopher Kingan 1620 Woodmont Ave New Kensington, PA 15068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,180.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address CHROME HEATING & AIR CONDITIONING LLC 6136 Frisco Square Boulevard Frisco, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$794.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Cineplex Digital Media 700 Commerce Drive, Suite 500 Oak Brook, IL 60523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$39,121.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address CitiBusiness Card - Travel/Fleet Card Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,178.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.50	Nonpriority creditor's name and mailing address City of Mercer Island 9611 SE 36th Street Mercer Island, WA 98040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$30.00</u>
<hr/>			
3.51	Nonpriority creditor's name and mailing address CLINTON ELECTRONICS 6701 Clinton Road Loves Park, IL 61111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$960.49</u>
<hr/>			
3.52	Nonpriority creditor's name and mailing address CNA Surety PO Box 957312 St. Louis, MO 63195-7312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,505.42</u>
<hr/>			
3.53	Nonpriority creditor's name and mailing address COBALT 3110 S Verity Pkwy Middleton, OH 45044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15.00</u>
<hr/>			
3.54	Nonpriority creditor's name and mailing address Coleman Watkins 5675 Angel Oaks Dr. Winston Salem, NC 27105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,157.82</u>
<hr/>			
3.55	Nonpriority creditor's name and mailing address Commercial Electronics 3421 Hollenberg Dr Bridgeton, MO 63044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$769.79</u>
<hr/>			
3.56	Nonpriority creditor's name and mailing address Comparex USA 319 West Martin Street STE 200 Raleigh, NC 27601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,060.84</u>

Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.57	Nonpriority creditor's name and mailing address CONCUR TECHNOLOGIES INC 601 108th Ave NE Suite 1000 Bellevue, WA 98004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,833.08
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3.58	Nonpriority creditor's name and mailing address Conference USA 5201 N O'Connor Blvd Ste 300 Irving, TX 75039 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,800.00
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3.59	Nonpriority creditor's name and mailing address Contractors Access 101 Alamo Plaza San Antonio, TX 78205 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,842.88
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3.60	Nonpriority creditor's name and mailing address CORNEILUS VAIKUNTAM 24 FALLSTONE DR STREAMWOOD, IL 60107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,742.54
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3.61	Nonpriority creditor's name and mailing address Coserv 7701 S Stemmons Fwy Corinth, TX 76210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.63
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3.62	Nonpriority creditor's name and mailing address Costco Anywhere Visa Business Card PO Box 790046 ST. LOUIS, MO 63179-0046 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,304.68
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3.63	Nonpriority creditor's name and mailing address Creative Business Solutions 31 Skyline Drive Plainview, NY 11803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,262.29
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.64	Nonpriority creditor's name and mailing address CRESTRON SOUTHWEST 1200 Lakeside Parkway Suite 250 Flower Mound, TX 75028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,050.43
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3.65	Nonpriority creditor's name and mailing address Curvature 6500 Hollister Ave. Ste 210 Santa Barbara, CA 93117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,376.32
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3.66	Nonpriority creditor's name and mailing address DAMON BROOKS 7923 WESTINGTON LN HOUSTON, TX 77040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.06
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3.67	Nonpriority creditor's name and mailing address DAMON HOPKINS 119 TANGLEWOOD DR FATE, TX 75189 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$533.68
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3.68	Nonpriority creditor's name and mailing address Damon J. Burruss 1800 W Albany Dr. Apt 535 Broken Arrow, OK 74012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.47
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3.69	Nonpriority creditor's name and mailing address Danail Dikov 8225 101St Ct. Seminole, FL 33777 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$690.63
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3.70	Nonpriority creditor's name and mailing address DANIEL EHRENSING 42034 MEADOW WOOD DR PONCHATOU LA, LA 70454 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$795.59
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.71	Nonpriority creditor's name and mailing address David Harris 1150 Marshall Ave. Pittsburgh, PA 15212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,060.00
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3.72	Nonpriority creditor's name and mailing address DAVID MAHURIN 2107 SE Austin Rd. Oak Grove, MO 64075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.73	Nonpriority creditor's name and mailing address David Rayburn 420 Esperanza Drive Prosper, TX 75078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.46
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3.74	Nonpriority creditor's name and mailing address DAVID REMINGTON 6 HIGH STREET CT ROCKPORT, MA 01966 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,919.83
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3.75	Nonpriority creditor's name and mailing address Dean Realty Company 1201 W. 31st Street, Suite 2 Kansas City, MO 64108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,083.50
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3.76	Nonpriority creditor's name and mailing address DIGITAL SIGNAGE EXPO 50 Glenlake Parkway, Suite 430 Atlanta, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,300.00
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3.77	Nonpriority creditor's name and mailing address DIRECTV Service Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.44
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Debtor	Skinny IT Corp Name	Case number (if known) _____
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3.78	Nonpriority creditor's name and mailing address DOCU SIGN 221 Main St , Suite 1000 San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,692.30
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3.79	Nonpriority creditor's name and mailing address Donald Anderson 6827 313Th Ave NE North Branch, MN 55056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$773.14
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3.80	Nonpriority creditor's name and mailing address DOUGLAS HALL 18115 40TH AVE E Tacoma, WA 98446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.32
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3.81	Nonpriority creditor's name and mailing address eBay Inc 2145 Hamilton Avenue San Jose, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$592.28
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3.82	Nonpriority creditor's name and mailing address EFSWW, LLC 2615 George Busbee Parkway, Ste. 11 Kennesaw, GA 30144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,883.54
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3.83	Nonpriority creditor's name and mailing address Ekahau, Inc. 1925 Isaac Newton Square, Ste 200 Reston, VA 20190 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,247.75
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3.84	Nonpriority creditor's name and mailing address Electronic Product Servies LLC 7176 Lakeview Parkway, West Drive Indianapolis, IN 46268 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292,941.69
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.85	Nonpriority creditor's name and mailing address Engineered Network Systems 14451 Ewing Avenue Burnsville, MN 55306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,310.00
<hr/>			
3.86	Nonpriority creditor's name and mailing address Enhanced Network Systems 14 Inverness Drive East Suite F-100 Englewood, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188,276.00
<hr/>			
3.87	Nonpriority creditor's name and mailing address Ergomart.com 5200 East Grand Avenue Ste 500 Dallas, TX 75223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,571.47
<hr/>			
3.88	Nonpriority creditor's name and mailing address Euler Hermes North America 800 Red Brook Boulevard, Ste 400C Owings Mill, MD 21117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,334.89
<hr/>			
3.89	Nonpriority creditor's name and mailing address Extra Space Storage 1150 Coolidge Hwy Troy, MI 48084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$332.00
<hr/>			
3.90	Nonpriority creditor's name and mailing address fastenMSC.com 2447 W. Belmont Ave. Chicago, IL 60618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412.00
<hr/>			
3.91	Nonpriority creditor's name and mailing address FastTrak Violation Processing Department PO Box 26925 San Francisco, CA 94126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$322.25

Debtor	Skinny IT Corp <small>Name</small>	Case number (if known)
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3.92	Nonpriority creditor's name and mailing address Fedex P.O. Box 660481 Irvine, CA 92602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,199.29
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3.93	Nonpriority creditor's name and mailing address Field Nation LLC 901 Marquette Ave S Ste 2300 Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106,402.34
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3.94	Nonpriority creditor's name and mailing address Fire Shield 11341 Cockleburrr Road #207 Roanoke, TX 76262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.10
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3.95	Nonpriority creditor's name and mailing address Firecracker LLC 10570 John W Elliott Dr. #800 Frisco, TX 75033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$539,803.60
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3.96	Nonpriority creditor's name and mailing address Fornida, LLC. 2609 Technology Drive Plano, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$771,772.00
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3.97	Nonpriority creditor's name and mailing address Fort Austin Consulting Group 437 Prairie Run Aledo, TX 76008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,788.75
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3.98	Nonpriority creditor's name and mailing address FounderTherapy 24 Apollo Street Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,348.20
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.99	Nonpriority creditor's name and mailing address G.O.A.T. Installation Services 17923 Arrow Blvd Fontana, CA 92335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,289.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address GL Seaman & Company 4201 International Parkway Carrollton, TX 75007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,857.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address Grainger PO Box 419267 Kansas City, MO 64141-6267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,599.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address Grand Teton Storage 2595 E 17th Street Ammon, ID 83406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$556.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address Grande Communications Network, OMNIA DEPT 1204 PO BOX 121204 Dallas, TX 75312-1204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,155.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address Graybar 12753 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,450.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address GREAT VALUE STORAGE 9600 Marion Ridge Kansas City, MO 64137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$132.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.106	Nonpriority creditor's name and mailing address Greg Brown 6836 Amersham Dr. Memphis, TN 38119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$598.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	Nonpriority creditor's name and mailing address Harrison Stone 8144 Grand Avenue Kansas City, MO 64114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	Nonpriority creditor's name and mailing address HCK2 Partners 3875 Ponte Ave. Ste 420 Addison, TX 75001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,698.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address Hein Lighting & Electric, Inc. 5030 Blum Road Martinez, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,890.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110	Nonpriority creditor's name and mailing address HEROKU 321 11th St San Francisco, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,073.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	Nonpriority creditor's name and mailing address HireRight PO Box 847891 Dallas, TX 75284-7891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,148.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	Nonpriority creditor's name and mailing address Hiscox 104 South Michigan Avenue Suite 600 Chicago, IL 60603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$807.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.113	Nonpriority creditor's name and mailing address Hitachi Capital America Corp. 7808 CreekrIDGE Circle, Ste 250 Edina, MN 55439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,685.20
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3.114	Nonpriority creditor's name and mailing address Hitechcontrols 7374 S Eagle Street Centennial, CO 80112-4221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.85
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3.115	Nonpriority creditor's name and mailing address Home Depot Credit Services Dept. 32-2025564133 PO Box 183175 Columbus, OH 43218-3175 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,362.19
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3.116	Nonpriority creditor's name and mailing address HUB INTERNATIONAL INSURANCE 300 N. LaSalle St. 17th Floor Chicago, IL 60654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.117	Nonpriority creditor's name and mailing address IDIS America Co. Ltd 801 Hammond Suite 200 Coppell, TX 75019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.118	Nonpriority creditor's name and mailing address image360 3637 Main Street Kansas City, MO 64111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.99
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3.119	Nonpriority creditor's name and mailing address Imagine! Express Minneapolis 2633 Minnehaha Ave Minneapolis, MN 55406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.120	Nonpriority creditor's name and mailing address Infassure 720 F Avenue, Suite 108 Plano, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.73
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3.121	Nonpriority creditor's name and mailing address IPFS Corporation 24722 Network Pl. 0 Chicago, IL 60673-1247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,125.48
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3.122	Nonpriority creditor's name and mailing address Iris Garcia 15565 SW 138TH Terrace MIAMI, FL 33196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347.95
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3.123	Nonpriority creditor's name and mailing address ISTORAGE-STANLEY ALEY 2010 South Seneca St Wichita, KS 67213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$738.40
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3.124	Nonpriority creditor's name and mailing address JACK FORE 1005 GAMBRELL GREENWOOD, MO 64034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,356.42
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3.125	Nonpriority creditor's name and mailing address JACK WHEELER 242 BRYANT AVE SYRACUSE, NY 13204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,749.37
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3.126	Nonpriority creditor's name and mailing address Jacob Horwitz 4115 E. Hillcrest Dr Westlake Village, CA 91362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,118,632.90
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Debtor	Skinny IT Corp Name	Case number (if known)	
3.127	Nonpriority creditor's name and mailing address Jamkor, Inc. 4115 E. Hillcrest Dr Thousand Oaks, CA 91362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Installation and Service Technologies, LLC, a Georgia limited liability company - % Ownership: 100 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.128	Nonpriority creditor's name and mailing address JASON ZUTTERLING 3945 CREEKWOOD DR Lewis Center, OH 43035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,830.28
3.129	Nonpriority creditor's name and mailing address JAY ZIMMERMAN 445 HICKORY LN SAN RAFAEL, CA 94903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.84
3.130	Nonpriority creditor's name and mailing address JEREMY POEHLMAN 26703 HOLLYWOOD ROSEVILLE, MI 48066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,334.86
3.131	Nonpriority creditor's name and mailing address JEREMY ROBERSON 17301 RUDOLF LN NORMAN, OK 73026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213.71
3.132	Nonpriority creditor's name and mailing address JEROME DAVIS 303 MARLIN DR RICHMOND, VA 23223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$663.35
3.133	Nonpriority creditor's name and mailing address Jerry Decker 4628 SE 61st Ave Portland, OR 97206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$882.46

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3.134	Nonpriority creditor's name and mailing address JET COURIERS CORPORATION-DALLAS 1705 Wallace Drive, Suite 106 Carrollton Carrollton, TX 75006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,722.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address JOHN PARRILLA 624 E EDGEWOOD AVE Indianapolis, IN 46227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$233.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address Johnston Burkholder Associates Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$119.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address JONATHAN TORO 93 LAS BRIAS WAY KISSIMMEE, FL 34743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$318.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address Jorge Alvarez-Lugo 637 Plumtree Rd. Springfield, MA 01118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,111.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address Joseph Ocasio Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$765.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address JOURNEY ELECTRIC 3029 E. Killarney St. GILBERT, AZ 85298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$394.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.141	Nonpriority creditor's name and mailing address JWR ELECTRIC INC - Tandem Electric 5836 S. 228th St. Kent, WA 98032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,933.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address KARL HUBER 649 CHESTER CREEK RD BROOKHAVEN, PA 19015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,625.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address KCP&L PO. Box 219330 Kansas City, MO 64121-9330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,104.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address KEITH MAJORS 909 S CHEROKEE AVE 0 BARTLESVILLE, OK 74003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$861.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	Nonpriority creditor's name and mailing address KRAM Holdings, LLC. 934 Central Street Kansas City, MO 64105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,091.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146	Nonpriority creditor's name and mailing address KRIS RICE 3211 N 108TH LN AVONDALE, AZ 85392 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	Nonpriority creditor's name and mailing address KYLE MUELLER 12513 W 121ST ST 0 Overland Park, KS 66213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$999.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.148	Nonpriority creditor's name and mailing address La Quinta 909 Hidden Ridge Suite 600 Irving, TX 75038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$110.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.149	Nonpriority creditor's name and mailing address Lava Logistics 617 Oak Lane Grapevine, TX 76051 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$510.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150	Nonpriority creditor's name and mailing address LEAH HALL-PRESTON 314 PACK HORSE DR BASTROP, TX 78602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$542.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address Levy & Son 11024 Indian Trail 0 Dallas, TX 75229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$308.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.152	Nonpriority creditor's name and mailing address LG Electronics U.S.A., Inc. PO Box 730241 Dallas, TX 75373-0241 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,159.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address LIFESTORAGE 6467 Main St. Buffalo, NY 14221 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,662.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address Lincoln Financial Group PO Box 0821 Carol Stream, IL 60132-0821 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,897.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.155	Nonpriority creditor's name and mailing address LOCKE LORD LLP. 2200 ROSS AVENUE SUITE 2200 Dallas, TX 75201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,049.32
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3.156	Nonpriority creditor's name and mailing address Lorman Education Services PO Box 509 Eau Claire, WI 54702-0509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$499.00
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3.157	Nonpriority creditor's name and mailing address Louis (Scot) Preston 314 Pack Horse Dr. BASTROP, TX 78602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$821.92
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3.158	Nonpriority creditor's name and mailing address Lowe's 1000 Lowe's Blvd. Mooreville, NC 28117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.60
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3.159	Nonpriority creditor's name and mailing address LV System 2696 Kingston Ridge Drive Clermont, FL 34711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,480.50
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3.160	Nonpriority creditor's name and mailing address Marc Beck dba Amazing Computing by Marc 7522 Campbell Rd #113-170 Dallas, TX 75248-1726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,187.00
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3.161	Nonpriority creditor's name and mailing address Matt McCurley Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.65
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.162	Nonpriority creditor's name and mailing address MC Systems Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.00
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3.163	Nonpriority creditor's name and mailing address Micah Campos 2525 45th Avenue Sacramento, CA 95822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$761.37
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3.164	Nonpriority creditor's name and mailing address MICHAEL KNOWLES 10114 LINDA CR FORNEY, TX 75126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,338.82
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3.165	Nonpriority creditor's name and mailing address Micro-Comp Technical Solutions 6519 Pleasant Stream Drive Katy, TX 77449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,640.00
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3.166	Nonpriority creditor's name and mailing address Microsoft Corporation 1950 N Stemmons Fwy Ste 5010 LB #842467 Dallas, TX 75207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,459.00
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3.167	Nonpriority creditor's name and mailing address Mid Con Management 114 W 11th Street Suite G100 Kansas City, MO 64105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,770.00
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3.168	Nonpriority creditor's name and mailing address Mid-America Point of Sale Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$555.15
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.169	Nonpriority creditor's name and mailing address Midwest Shredding 501 North Atlantic Kansas City, MO 64116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.170	Nonpriority creditor's name and mailing address Miguel Alvarado Villa 3201 Bartdon Ave. #2 0 Inglewood, CA 90303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,390.20
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3.171	Nonpriority creditor's name and mailing address MIKE COCKS 410 W 130TH TER Kansas City, MO 64145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481.07
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3.172	Nonpriority creditor's name and mailing address Milestone AV Technologies 2301 4TH AVE EAST SHAKOPEE, MN 55379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,444.03
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3.173	Nonpriority creditor's name and mailing address Mini Storage Depot 9984 South Old State Road Lewis Center, OH 43035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.22
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3.174	Nonpriority creditor's name and mailing address MINI-CIRCUITS MISSOURI INC. P.O. BOX 7128 BRANSON, MO 06515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.94
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3.175	Nonpriority creditor's name and mailing address MINNESOTA DEPT OF REVENUE 600 North Robert Street St. Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720.59
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Debtor	Skinny IT Corp Name	Case number (if known)
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3.176	Nonpriority creditor's name and mailing address MITEL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.79
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3.177	Nonpriority creditor's name and mailing address MITEL POWERING CONNECTIONS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,013.71
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3.178	Nonpriority creditor's name and mailing address Monique D. Graves 8910 E 52nd Street Kansas City, MO 64133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.179	Nonpriority creditor's name and mailing address MONKEY JUNCTION SELF STORAGE 5044 Carolina Beach Rd Wilmington, NC 28412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$331.20
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3.180	Nonpriority creditor's name and mailing address Monster Worldwide, Inc. PO Box 90364 Chicago, IL 60696-0364 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720.00
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3.181	Nonpriority creditor's name and mailing address MONTGOMERY COSCIA GREILICH LLP 2500 Dallas Parkway, Suite 300 Plano, TX 75093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,167.37
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3.182	Nonpriority creditor's name and mailing address MSFT Online Fort Worth, TX 76113-2325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,554.74
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.183	Nonpriority creditor's name and mailing address MTECH Services, LLC 1065 NW 5th Street Moore, OK 73160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.184	Nonpriority creditor's name and mailing address My Tech Needs 22 El Caney Road Worcester, MA 01603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,255.00
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3.185	Nonpriority creditor's name and mailing address N.J. Malin & Associates, LLC. PO BOX 843860 Dallas, TX 75284-3860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$534.49
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3.186	Nonpriority creditor's name and mailing address Nathan Ochoa Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$896.25
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3.187	Nonpriority creditor's name and mailing address Navitas Credit Copr. 111 Executive Center Dr, Suite 102 Columbia, SC 29210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.76
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3.188	Nonpriority creditor's name and mailing address Neopost USA PO Box 6813 Carol Stream, IL 60197-6813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$516.52
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3.189	Nonpriority creditor's name and mailing address New Directions Behavioral Health PO Box 87-0195 Kansas City, MO 64187-0195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,884.96
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.190	Nonpriority creditor's name and mailing address New England IT Advisors, LLC 80 Kim Terrace Stoughton, MA 02072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,155.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.191	Nonpriority creditor's name and mailing address Nissan Motor Acceptance PO Box 742658 Cincinnati, OH 45274-2658 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,137.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.192	Nonpriority creditor's name and mailing address NISSAN MOTOR ACCEPTANCE CORP NISSAN MOTOR ACCEPTANCE CORP Cincinnati, OH 00074-2658 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,383.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	Nonpriority creditor's name and mailing address OH Bureau of Workers' Compensation PO Box 89492 Cleveland, OH 44101-6492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$947.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.194	Nonpriority creditor's name and mailing address Onderkast Studio 500 Exposition Avenue #105 Dallas, TX 75226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$422.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.195	Nonpriority creditor's name and mailing address OWEN LOUIS 431 CHERYL CT SAINT JOHNS, FL 32259 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,547.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.196	Nonpriority creditor's name and mailing address Page Storage 2149 Ruckert Avenue St. Louis, MO 63114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$505.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)
3.197	Skinny IT Corp Panatrack, Inc. 1320 Walnut Ridge Drive Suite 250 Hartland, WI 53029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,343.22
3.198	Paul (Tray) Johnson 19824 Essex Ave. Caldwell, ID 83605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$72.85
3.199	Paul Churchill 4239 Tall Elm Woods San Antonio, TX 78249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,335.69
3.200	Paul Green 11246 Fawnhaven Dr 0 Saint Louis, MO 63126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$898.97
3.201	Paul Pryce 35 Thornton Place, Apt A 0 Clifton, NJ 07012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$387.74
3.202	Paul Stanley 6421 Mesa Ridge Drive Fort Worth, TX 76137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,391.28
3.203	Pegasus Logistics PO Box 679018 0 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Vendor Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$67,412.20

Debtor	Skinny IT Corp <small>Name</small>	Case number (if known) _____
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3.204	Nonpriority creditor's name and mailing address PETE HAWKINS 321 MCKINLEY LN GARDNER, KS 66030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$596.43
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3.205	Nonpriority creditor's name and mailing address PETER STIGLMEIER Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.99
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3.206	Nonpriority creditor's name and mailing address PI Manufacturing, INC. 20732 Currier Rd Walnut, CA 91789 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,841.95
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3.207	Nonpriority creditor's name and mailing address Polycase.com 1305 Chester Industrial Parkway Avon, OH 44011-1083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.37
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3.208	Nonpriority creditor's name and mailing address Pomeroy IT Solutions/Getronics PO Box 631049 Cincinnati, OH 45263-1049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168,198.53
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3.209	Nonpriority creditor's name and mailing address Positive Electric Inc. 1879 Fescue Street SE Albany, OR 97322 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,199.70
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3.210	Nonpriority creditor's name and mailing address Pratt Industries 1800-C Sarasota Pkwy. Conyers, GA 30013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,606.45
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Debtor	Skinny IT Corp <small>Name</small>		Case number (if known)
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3.211	Nonpriority creditor's name and mailing address Premier Mounts File 2262 1801 W. Olympic Blvd. Pasadena, CA 91199-2262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,547.14
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3.212	Nonpriority creditor's name and mailing address Procom 951 Busse Road Elk Grove Village, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,265.00
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3.213	Nonpriority creditor's name and mailing address PUBLIC STORAGE Public Storage PO Box 25050 Glendale, CA 91221-5050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$486.50
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3.214	Nonpriority creditor's name and mailing address Purple WiFi Ltd Meadowbank House Tweedale Way Oldham, Lancashire OL9 8EH Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,219.10
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3.215	Nonpriority creditor's name and mailing address Quill Corporation PO Box 37600 Philadelphia, PA 19101-0600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.49
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3.216	Nonpriority creditor's name and mailing address R.H. Fewster Painting Co., Inc. P O Box 4867 Baltimore, MD 21211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
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3.217	Nonpriority creditor's name and mailing address Rajesh Padole 2427 Allen Street, Apt 422 Dallas, TX 75204 Date(s) debt was incurred <u>July 31, 2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Guaranty Agreement of Stock Buyout Obligations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Skinny IT Corp Name	Case number (if known) _____
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3.218	Nonpriority creditor's name and mailing address RAMON MIMS 7371 BETA LANE PENSACOLA, FL 32504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446.83
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3.219	Nonpriority creditor's name and mailing address RAMON RODRIGUEZ 5913 SW 147TH PL MIAMI, FL 33193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,295.39
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3.220	Nonpriority creditor's name and mailing address Rayburn Consulting 4823 Linda Lane Frisco, TX 75033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
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3.221	Nonpriority creditor's name and mailing address Raymond Chatary Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,203.43
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3.222	Nonpriority creditor's name and mailing address RAYMOND LEASING CORPORATION 22 SOUTH CANAL STREET GREENE, NY 13778 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,518.55
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3.223	Nonpriority creditor's name and mailing address RAYMOND ONG 5415 CONNECTICUT AVE APT T-10 WASHINGTON, DC 20015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.26
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3.224	Nonpriority creditor's name and mailing address Richard Reyes 15403 Paladora Drive HOUSTON, TX 77083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.19
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.225	Nonpriority creditor's name and mailing address RICK CHAPIN 2210 OLDE FARM DR JENISON, MI 49428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,936.65
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3.226	Nonpriority creditor's name and mailing address RICK RYCKMAN 973 TOM OSBORNE RD Columbia, TN 38401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,564.41
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3.227	Nonpriority creditor's name and mailing address Ricoh USA Program PO Box 650016 Dallas, TX 75265-0016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,143.45
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3.228	Nonpriority creditor's name and mailing address Roasterie 1204 W 27th St, Kansas City, MO 64108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.16
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3.229	Nonpriority creditor's name and mailing address ROBERT FIORE 279A CLEVELAND AVE LONG BRANCH, NJ 07740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,655.99
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3.230	Nonpriority creditor's name and mailing address Rocco Musumeche Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,143.21
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3.231	Nonpriority creditor's name and mailing address ROGER HAWKINS 8421 SPENCER CANYON Las Vegas, NV 89149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$262.49
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Debtor Skinny IT Corp		Case number (if known) _____	
Name _____			
3.232	Nonpriority creditor's name and mailing address RONNIE QUICK 4632 HWY 251A FORT GIBSON, OK 74434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$782.48</u>
3.233	Nonpriority creditor's name and mailing address Safehouse PC, LLC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,120.00</u>
3.234	Nonpriority creditor's name and mailing address Sam M. Darwish 3727 Broadmoor Way Frisco, TX 75033 Date(s) debt was incurred <u>April 3, 2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans from Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$275,000.00</u>
3.235	Nonpriority creditor's name and mailing address SAM MEZA 109 CRANES ROOST WAY ROYAL PALM BEACH, FL 33411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$880.48</u>
3.236	Nonpriority creditor's name and mailing address SAMSUNG SDS AMERICA INC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,511.50</u>
3.237	Nonpriority creditor's name and mailing address Scansource 6 Logue Ct Greenville Greenville, SC 29615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$39,557.24</u>
3.238	Nonpriority creditor's name and mailing address SCOTT GUION 8825 SUMMERHILL DR WAXHAW, NC 28173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.64</u>

Debtor	Skinny IT Corp Name	Case number (if known) _____
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3.239	Nonpriority creditor's name and mailing address SEAN DOUGLAS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,410.12
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3.240	Nonpriority creditor's name and mailing address Show me cables 115 Chesterfield Industrial Blvd Chesterfield, MO 63005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,869.19
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3.241	Nonpriority creditor's name and mailing address SolarWinds MSP Canada ULC. PO Box 732706 Dallas, TX 75373-2706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,846.88
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3.242	Nonpriority creditor's name and mailing address Sorrentino Networking 1 Lusi Dr. Johnston, RI 02911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$655.00
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3.243	Nonpriority creditor's name and mailing address Sprint312602189 PO Box 4181 Carol Stream, IL 60197-4192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,196.73
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3.244	Nonpriority creditor's name and mailing address State Farm 5444 FM 423 Ste 400 Frisco, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,075.18
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3.245	Nonpriority creditor's name and mailing address Steward Kline 252 Thorn Ridge Circle El Paso, TX 79932 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$389.25
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Debtor Name	Case number (if known)
Skinny IT Corp	
<p>3.246 Nonpriority creditor's name and mailing address</p> <p>Steward Promo & Packaging 10775 Sanden Dr. 0 Dallas, TX 75238</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,743.14</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Vendor Claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.247 Nonpriority creditor's name and mailing address</p> <p>STORAGE COURT PARKLAND 2211 112th St S Tacoma, WA 98444</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$396.41</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Vendor Claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.248 Nonpriority creditor's name and mailing address</p> <p>STORAGE OKLAHOMA 2201 N. Moore Ave Moore, OK 73160</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$375.04</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Vendor Claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.249 Nonpriority creditor's name and mailing address</p> <p>Strut & Supply 28005 W Commercial Avenue Lake Barrington, IL 60010</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,547.96</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Vendor Claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.250 Nonpriority creditor's name and mailing address</p> <p>Sunbelt Rentals PO Box 409211 Atlanta, GA 30384-9211</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,461.26</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Vendor Claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.251 Nonpriority creditor's name and mailing address</p> <p>Suntrust Bank</p> <p>Dallas, TX</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>2014 Bentley Cont GT V8 S</u> <u>Vin5794</u> <u>Vehicle surrendered to lender approximately October 5, 2018</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.252 Nonpriority creditor's name and mailing address</p> <p>Susash Consulting Services, LLC 1600 US Hwy 130, Suite 200 0 North Brunswick, NJ 08902</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,694.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Vendor Claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.253	Nonpriority creditor's name and mailing address Synametrics 9 Schalks Crossing Road Suite 726 Plainsboro, NJ 08536 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.15
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3.254	Nonpriority creditor's name and mailing address Synnex 5845 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,566.75
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3.255	Nonpriority creditor's name and mailing address TeamViewer GmbH Jahnstr. 30 G ppingen, Stuttgart 73037-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$728.00
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3.256	Nonpriority creditor's name and mailing address Texas Comptroller of Public Accounts Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.01
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3.257	Nonpriority creditor's name and mailing address The Astor Company 230 West Monroe Ste 1460 Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,185.77
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3.258	Nonpriority creditor's name and mailing address The Functionary 10570 John W Elliott Dr. #800 Frisco, TX 75033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,000.00
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3.259	Nonpriority creditor's name and mailing address The Hartford PO Box 783690 Philadelphia, PA 19178-3690 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,635.27
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Debtor	Skinny IT Corp Name	Case number (if known)	
3.260	Nonpriority creditor's name and mailing address The Home Depot PO Box 790328 St. Louis, MO 63179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$917.31
3.261	Nonpriority creditor's name and mailing address The Logo Shack 5713 Industry Lane Suite 49 Frederick, MD 21704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,166.10
3.262	Nonpriority creditor's name and mailing address THE TRADE GROUP 1434 Patton Place Ste 190 Carrollton, TX 75007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,780.67
3.263	Nonpriority creditor's name and mailing address THEBOOKPC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.00
3.264	Nonpriority creditor's name and mailing address Thomson Reuters Payment Center PO Box 6292 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,052.71
3.265	Nonpriority creditor's name and mailing address Tice Electric Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,247.03
3.266	Nonpriority creditor's name and mailing address TIM SCHENDT 4915 W 71ST TERR PRAIRIE VILLAGE, KS 66208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.69

Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.267	Nonpriority creditor's name and mailing address TOBY MOORE 4896 CIMARRON TRAIL 0 WEATHERFORD, TX 76087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$651.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.268	Nonpriority creditor's name and mailing address Travelers Insurance CL Remittance Center PO Box 660317 333 Texas Street, Suite 1050 Dallas, TX 75266-0317 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$146,143.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.269	Nonpriority creditor's name and mailing address TRAVIS HVACR SERVICES 1919 Old Denton Road, Suite 100 Carrollton, TX 75006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$816.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.270	Nonpriority creditor's name and mailing address Tre Austin Cardwell 5 Hawthorne Court Easton, PA 18045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,649.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.271	Nonpriority creditor's name and mailing address TRIPLE EAGLE ELECTRIC 410 Lilard Rd. Ste 301 Arlington, TX 75012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.272	Nonpriority creditor's name and mailing address TYLER PARLET 120 HAMILTON AV HEBRON, OH 43025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$726.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.273	Nonpriority creditor's name and mailing address U-Line Ship Supplies Attn:Accounts Receivable PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$424.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.274	Nonpriority creditor's name and mailing address Uline ship supplies PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,137.27
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3.275	Nonpriority creditor's name and mailing address United Concordia Insurance Co. PO Box 827377 Philadelphia, PA 19182-7377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,564.60
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3.276	Nonpriority creditor's name and mailing address United Electronic Recycling LLC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$745.00
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3.277	Nonpriority creditor's name and mailing address United Healthcare Insurance Company UHS Premium Billing PO Box 94017 Palatine, IL 60094-4017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,937.40
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3.278	Nonpriority creditor's name and mailing address United Rentals PO Box 840514 Dallas, TX 75284-0514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,152.14
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3.279	Nonpriority creditor's name and mailing address UPS PO Box 730900 Dallas, TX 75373-0900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,385.53
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3.280	Nonpriority creditor's name and mailing address UPS 5V5Y84 Acct #5V5Y84 28013 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$916.01
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Debtor	Skinny IT Corp Name _____	Case number (if known) _____
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3.281	Nonpriority creditor's name and mailing address ups 677288 LockBox 577 Carol Stream, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,591.20
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3.282	Nonpriority creditor's name and mailing address UPS Capital Insurance Agency Cargo Premium Trust PO Box 934852 Atlanta, GA 31193-4852 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$686.00
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3.283	Nonpriority creditor's name and mailing address UPS Freight LTL 40426466 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,760.89
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3.284	Nonpriority creditor's name and mailing address UPS International Package 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.67
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3.285	Nonpriority creditor's name and mailing address Valley Technology Professionals, LLC Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.286	Nonpriority creditor's name and mailing address Verifone Systems 88 West Plumeria Drive San Jose, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$528,831.15
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3.287	Nonpriority creditor's name and mailing address VeriShip 10000 College Blvd. Ste 235 Overland Park, KS 66210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$714.07
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Debtor	Skinny IT Corp <small>Name</small>	Case number (if known)
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3.288	Nonpriority creditor's name and mailing address Verizon Wireless Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.66
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3.289	Nonpriority creditor's name and mailing address Vision Service Plan PO Box 742788 Los Angeles, CA 90074-2788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.33
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3.290	Nonpriority creditor's name and mailing address W Systems LLC 2450 Blvd Place Indianapolis, IN 46208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,986.21
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3.291	Nonpriority creditor's name and mailing address WACHTER INC 16001 W. 99th Street Lenexa, KS 66219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,574.01
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3.292	Nonpriority creditor's name and mailing address WES GRAY 90 SPRING RD 0 HARTWELL, GA 30643 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.17
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3.293	Nonpriority creditor's name and mailing address White Owl 3150 S. W. 38th Ave - 12th floor Suite 1800 MIAMI, FL 33146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,099.89
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3.294	Nonpriority creditor's name and mailing address Wick Phillips Gould & Martin, LLP 3131 McKinney Avenue, Suite 100 Dallas, TX 75204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,914.80
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Debtor	Skinny IT Corp <small>Name</small>	Case number (if known)
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3.295	Nonpriority creditor's name and mailing address William Bryant Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$602.33
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3.296	Nonpriority creditor's name and mailing address WILLIAM DECLUETTE 1213 S WHEELING WAY AURORA, CO 80012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.297	Nonpriority creditor's name and mailing address WILLIAM DIXON Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$934.77
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3.298	Nonpriority creditor's name and mailing address Windsor At Frisco Commerce Center, LLC c/o Stream Realty Partners - DFW, LP. 2805 N. Dallas Pkwy, Suite 260 Plano, TX 75093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,419.49
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3.299	Nonpriority creditor's name and mailing address Winston Ng 1760 Lakes Pkwy Apt# 3105 Atlanta, GA 30043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$337.67
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3.300	Nonpriority creditor's name and mailing address Work Market Attn: ID 19024 Reference: Lockbox #7875 Philadelphia, PA 19170-7875 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248,902.26
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3.301	Nonpriority creditor's name and mailing address WPG Americas 5285 Hellyer Avenue Suite 150 San Jose, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Vendor Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,986.68
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Debtor **Skinny IT Corp** Case number (if known) _____
Name

3.302 Nonpriority creditor's name and mailing address **Wunderspun**
17130 Madison St.
Omaha, Nebraska 68135-0000
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$1,500.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade Vendor Claim**
Is the claim subject to offset? ☒ No ☐ Yes

3.303 Nonpriority creditor's name and mailing address **YALIER MARTINEZ**
3220 98TH ST E
Palmetto, FL 34221
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$584.58**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade Vendor Claim**
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Jackson Walker LLP 2323 Ross Avenue, Suite 600 Attn: Dave Player Dallas, TX 75201	Line 3.217 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Park Place RB, Ltd. 5300 Lemmon Ave Dallas, TX 75209	Line 3.251 <input type="checkbox"/> Not listed. Explain _____	9579
4.3	Sealy & Company, LLC Attn: Scott P. Sealy, Jr. 8401 North Central Expressway, Suite 150 Dallas, TX 75225	Line _____ <input type="checkbox"/> Not listed. Explain _____	—
4.4	Winston & Strawn LLP 2501 N. Harwood St., 17th Floor Attn: Taj J. Clayton Dallas, TX 75201	Line 3.234 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ 62,234.43
5b. Total claims from Part 2	5b. + \$ 12,847,275.87
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ 12,909,510.30

Fill in this information to identify the case:

Debtor name **Skinny IT Corp**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Health Group Policy
29549000 issued
10-1-17 expires 9-30-18
(Installation and
Service Tech)
PPO
BSP
Blue Dental**

State the term remaining

List the contract number of any government contract

**BCBS of Kansas City
One Pershing Square
2301 Main Street
POB 419169
Kansas City, MO 64141-6169**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Professional Policy No.
UDC-2147579-EO-18
issued 1/16/18
expires 1/16/19**

State the term remaining

List the contract number of any government contract

**Hiscocx, Inc.
520 Madison Ave., 32nd Floor
New York, NY 10022**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Master Agreement
4283601 (not signed)
UCC 18-0014285231
filed 4/24/18 (states that
lease is true lease)**

State the term remaining

List the contract number of any government contract

**Hitachi Capital America Corp.
7808 Creekridge Circle, Suite 250
Minneapolis, MN 55439**

Debtor 1 **Skinny IT Corp**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest

Triple Net Commercial Lease with nondebtor Installation and Service Technologies, Inc.
304 W. 10th St., Kansas City , MO
dated January 14, 2016
- 10 year term/10 year renewal unless notice of termination
22753 square feet

Modified by First Amendment to Lease [terms]

Modified by Second Amendment to Triple Net Commercial Lease dated 12-22-17

State the term remaining

8 years

List the contract number of any government contract

KRAM Holdings, LLC
4115 E. Hillcrest Dr.
Westlake Village, CA 91362

2.5. State what the contract or lease is for and the nature of the debtor's interest

Long Term Disability Policy 000940239257 issued 1/1/18
Short Term Disability Policy 000940239258 issued 1/1/18
AD&D Policy 000940239256 issued 1/1/18

State the term remaining

List the contract number of any government contract

Lincoln National Life Ins. Co.
8801 Indian Hills Drive
Omaha, NE 68114-4066

2.6. State what the contract or lease is for and the nature of the debtor's interest

Lease Agreement dated 1/1/2014
8 year, 5 month lease
Unsigned
Property: 10570 John W. Elliott Drive, Suite 800, Frisco, TX 75034
Rent: \$13,230/month
4 years (approx)

State the term remaining

List the contract number of any government contract

Secal Frisco, LLC
Attn: Mark P. Sealy
c/o Sealy & Company, LLC
333 Texas Street, Suite 1050
Shreveport, LA 71101

Debtor 1 **Skinny IT Corp**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Package Policy No.
H-630-6K862609-CDF-1
8 issued 4/18/18
expires []**

**The Charter Oak Fire Ins. Co.
c/o Hub International Texas
700 N. Pearl St, Suite N1700
Dallas, TX 75201**

2.8. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Business Support
Services Agreement.
Provision to Debtor of
customer service, order
entry, billing and
receivable service,
accounting,
distribution and other
administrative and
business support
services.
3 years from June 1,
2017**

**The Functionary MX Sociedad ...
10570 John W. Elliott Drive, Suite 800
Frisco, TX 75033**

2.9. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Auto Policy No.
BA-6K850291-18-TEC
issued 4/19/18 expires
3/27/19
Endorsement 7-24-18
Endorsement 5-14-18**

**The Travelers Indemnity Co.
c/o Hub International Texas
700 N. Pearl St, Suite N1700
Dallas, TX 75201**

2.10. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**D&O Policy 106899389
issued 3/27/18 expires
3/27/19**

**Travelers Casualty and Surety Co.
One Tower Square
Hartford, CT 06183**

2.11. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Umbrella Policy CUP
6K863840-18-I3 issued
4/19/18
Period: 3/27/18 through
3/27/19**

**Travelers Indemnity Company of Conn.
c/o Hub International Texas
700 N. Pearl St, Suite N1700
Dallas, TX 75201**

Debtor 1 **Skinny IT Corp**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Tech E&O Policy
ZPL-31M94987-18-I3
issued 3/27/18
Terminates []**

**Travelers Property Cas. Co. of Am.
c/o Hub International Texas
700 N. Pearl St, Suite N1700
Dallas, TX 75201**

2.13. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Workers Compensation
Policy
UB-6K834506-18-I3-G
issued 3/27/18 expires
3/27/19**

**Travelers Property Casualty Co. of Am.
c/o Hub International Texas
700 N. Pearl St, Suite N1700
Dallas, TX 75201**

2.14. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Vision INs. Policy
30080797 issued 1/1/18
expires 12/31/20**

**Vision Service Plan Ins. Co.
3333 Quality Drive
Rancho Cordova, CA 95670**

Fill in this information to identify the case:

Debtor name Skinny IT Corp

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Aullah Darwish

per Judgment

Arrow Electronics, Inc.

☐ D _____
☒ E/F 3.17
☐ G _____

2.2 Firecracker, LLC

per Final Judgment

Arrow Electronics, Inc.

☐ D _____
☒ E/F 3.17
☐ G _____

2.3 Sam Darwish

3727 Broadmor Way
Frisco, TX 75033
per Judgment

Arrow Electronics, Inc.

☐ D _____
☒ E/F 3.17
☐ G _____

2.4 Sam Darwish

3727 Broadmor Way
Frisco, TX 75033

Rajesh Padole

☐ D _____
☒ E/F 3.217
☐ G _____

2.5 Sam Darwish

3727 Broadmor Way
Frisco, TX 75033

American Express

☐ D _____
☒ E/F 3.12
☐ G _____

Debtor **Skinny IT Corp**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|--------------------|---|---|---|
| 2.6 | Sam Darwish | 3727 Broadmor Way
Frisco, TX 75033 | De Lage Landen
Finacial Services,
Inc. | <input checked="" type="checkbox"/> D <u>2.2</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.7 | Sam Darwish | 3727 Broadmor Way
Frisco, TX 75033 | Chase Ink Credit
Card | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.41</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.8 | Sam Darwish | 3727 Broadmor Way
Frisco, TX 75033 | Costco Anywhere
Visa Business Card | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.62</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.9 | Sam Darwish | 3727 Broadmor Way
Frisco, TX 75033 | CitiBusiness Card -
Travel/Fleet Card | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.49</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.10 | Sam Darwish | 3727 Broadmor Way
Frisco, TX 75033 | Secal Frisco, LLC | <input type="checkbox"/> D _____
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |

ASSET TAG	ITEM DESCRIPTION	SERIAL NUMBER	OWNER/LOCATION
000002	iPad Pro	DLXSK1VBGMW3	Corey Rickman
000094	Dell Latitude E5570 Laptop	BHO5WF2	Paul Stanley
000095	Dell Inspiron 15 Laptop	G94GRF2	Amy Johnson (Kansas City)
000113	Dell XPS 15 Laptop	6C5B2G2	Anwar Bardai
000114	Dell Docking Station	GRKK9G2	Anwar Bardai
000115	Asus 24" Monitor	G6LMQS029484	Anwar Bardai
000131	Lenovo ThinkPad X1 Yoga	R90NCT8T	Alfred Garcia (HOME)
000143	ViewSonic 24" Monitor	UE6164442083	Alfred Garcia (HOME)
000144	ViewSonic 24" Monitor	UE6164442100	Alfred Garcia (HOME)
000146	Lenovo ThinkPad X1 Yoga	R90NMAXV	Rocco Musumecche
000150	Dell Latitude E5570 Laptop	8BTNTF2	Ray Chatary
000151	Lenovo ThinkPad X1 Yoga	R90PQ5LL	Lou Pagnotto
000153	Dell Latitude E5570 Laptop	5FPPTF2	Katie Custer (Kansas City)
	IDIS Dome Camera DC-D3212RX	14875117100001	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875117100012	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14714417060019	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875117100018	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875117100008	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875117100009	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875117100010	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875117100015	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875171000007	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14779317070014	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14579317020005	Jacob Horwitz
	IDIS Dome Camera DC-D3212RX	14875117100011	Jacob Horwitz
	IDIS DH-2010P DirectIP™ 10		Jacob Horwitz
	IDIS DR-2316P		Jacob Horwitz
	Sonicwall NSA 3600		Jacob Horwitz
	Ekahu Device		Jason Zutterling